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FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714567 (5)

1. Corporation Name
NATIONAL FINANCIAL BENEFIT ASSOCIATION, INC.

700001547717
-07/27/95--01059--013
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3725 GRACE ST. #215 P.O. BOX 22067 TAMPA FL 33607	3725 GRACE ST. #215 P.O. BOX 22067 TAMPA FL 33607

3. Date Incorporated or Qualified: 05/08/1968
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-1228845 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROVENZANO, JOHN P.
3725 GRACE ST. #215
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	President - Director	☒ Change ☐ Addition
NAME	PROVENZANO, JOHN P.	1.2 NAME	Michael Katzman	
STREET ADDRESS	3725 GRACE ST #215	1.3 STREET ADDRESS	111 John Street, 27th Floor	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	New York, N.Y. 10038	
TITLE	D	2.1 TITLE	Vice President - Director	☒ Change ☐ Addition
NAME	MCGOLDRICK, JULIE	2.2 NAME	E. Edwin Levine	
STREET ADDRESS	3725 GRACE ST. #215	2.3 STREET ADDRESS	111 John Street, 27th Floor	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	New York, NY 10038	
TITLE	VSD	3.1 TITLE	Secretary - Treasurer - Director	☒ Change ☐ Addition
NAME	VINES, LINDA	3.2 NAME	Robert Levine	
STREET ADDRESS	3725 GRACE ST #215	3.3 STREET ADDRESS	111 John Street, 27th Floor	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	New York, NY 10038	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Levine Robert J. Levine, Secretary 7-25-95 (212)513-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053769